

TENNESSEE FAMILY SUPPORT GUIDELINES



DIVISION OF MENTAL RETARDATION SERVICES

Pursuant to the State Of Tennessee's policy of nondiscrimination, the Department of Mental Health and Developmental Disabilities does not discriminate on the basis of race, sex, religion, color, national or ethnic origin, age, disability, or military service in its policies, or in the admission or access to, or treatment or employment in, its programs, services or activities.

Contact the department's EEO/AA Coordinator at (615) 532-6580, the Title VI coordinator at (615) 532-6700 or the ADA Coordinator at (615) 532-6700 for inquiries, complaints or further information. Persons with hearing impairment should call (615) 532-6612.



Tennessee Department of Mental Health and Developmental Disabilities. Authorization Number 339387, 150 copies, January 2001. This public document was promulgated at a cost of \$3.11 per copy.

Tennessee Family Support Guidelines

Table of Contents

| | | |
|------------|--|----|
| Section 1 | Eligibility | 1 |
| Section 2 | Selection and Enrollment | 7 |
| Section 3 | Plan for Services | 11 |
| Section 4 | Service Coordination | 13 |
| Section 5 | Family Support Councils | 15 |
| Section 6 | Role of Regional Offices | 21 |
| Section 7 | Contracting | 23 |
| Section 8 | Billing and Payments | 25 |
| Section 9 | Grievance/Appeals | 27 |
| Section 10 | Program Evaluation | 29 |
| Section 11 | Family Support Review | 31 |
| Appendix A | Guide to Family Support Legislature | |
| Appendix B | Intake Form and Eligibility Checklist | |
| Appendix C | Service Plan Form | |
| Appendix D | Quarterly Reporting Form | |
| Appendix E | Family Support Agency Evaluation Form | |
| Appendix F | Policy Letters | |
| Appendix G | State Family Support Council Members | |
| Appendix H | State Family Support Agencies and Coordinators | |

1. ELIGIBILITY

PRINCIPLES

Under the Family Support Act there is a two-prong test for eligibility. Eligible families/individuals must fall within the definition of family, including the definition of a family member with a severe disability, and the individual with a severe disability must be residing in the community in an unsupported setting.

Several key principles guide eligibility determination. First, eligibility determination should be kept as simple as possible. The process should not be intrusive on a family and should require a minimum of paperwork. Documentation is not required as a part of this process. Eligibility is distinctly different from enrollment or selection for the program. Many families may be eligible for the Family Support program, but may not actually receive services, based on funds available, selection criteria, and other factors. Eligibility determination is a simple process that answers three broad questions.

- 1) Is this a family?
- 2) Is there a family member with a severe disability?
- 3) Is the family member with a severe disability residing in the family, in the community, in an unsupported setting? *(A supported setting is a residential setting that is state or federally funded and includes supportive services e.g. institutions, group homes, supported living or state funded foster homes. Persons residing in such setting are not eligible for Family Support services.)*

Another key principle is that determination of the presence of severe disability is based on functional rather than diagnostic definitions. Disability type or label is not an issue; the impact of the disability on a person's life and on family life is what is critical. Severe disability is defined by its effects on major life functions, by its permanence, and by a person's need for supportive services.

GUIDELINES

The primary focus of the Family Support program is supporting:

- 1) Families with children with a developmental disability, school age and younger,
- 2) Adults with a severe or developmental disability who choose to live with their families; and
- 3) Adults with a severe or developmental disability who are residing in the community in an unsupported setting (not a state or federally funded program).

Family

To be eligible for Family Support a family must have a family member with a severe disability. A family may be:

- ◆ a unit that consists of a person with a severe disability and the parent, relative or other caregiver who resides in the same household, or
- ◆ a family of one. A person with a severe disability who lives without a parent, relative, or other caregiver support.

Residence

The individual must be a full-time Tennessee resident at time of application and when services are delivered.

To be eligible for Family Support the family/individual must be living in the community in an unsupported setting. Families/individuals who reside in state or federally funded residential settings, e.g. institutions, group homes, supported living, or state funded foster homes are not eligible for Family Support services. Individuals who live in the community in subsidized housing (Section 8) or boarding homes are eligible because the living situation is not a “residential service” and does not include supportive services.

Family Member with a Severe Disability

An individual with a severe disability has a disability that:

- a) is attributable to a mental or physical impairment or a combination of physical and mental impairments;
- b) is likely to continue indefinitely;
- c) results in substantial functional limitations in three or more of the following areas of major life activity:
 - ◆ self-care
 - ◆ receptive and expressive language
 - ◆ learning
 - ◆ mobility
 - ◆ self direction
 - ◆ capacity for independent living
 - ◆ economic self-sufficiency; and
- d) reflects the person's need for special, interdisciplinary or generic care, treatment, or other services that are of lifelong duration and must be individually planned and coordinated.

When the term “severe disabilities” is applied to infants and young children, it means individuals from birth to age five inclusively, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in severe disabilities if services are not provided.

The basic definitions of family and residence are straight forward, however, further guidance on the definition of severe disability may prove helpful. Family Support uses the functional definition from the Developmental Disabilities Act, without the requirement of an early age of onset.

For each piece of the definition, there are some specific ideas or concepts to consider when determining the presence of a severe disability.

- a) *"is attributable to a mental or physical impairment or combination of mental and physical impairments"* - For Family Support eligibility is limited to families with members who have severe disabilities. If a mental or physical impairment, or combination exists, then parts b, c, & d in the definition will help determine if the impairment is severe.
- b) *"is likely to continue indefinitely"* - The continued presence of the impairment/disability is one of the ways to determine severity. The disability is not acute or temporary. It must be continuous and lifelong in nature, without any expectation of "cure" or substantial improvement.
- c) *"results in substantial functional limitations in three or more of the following areas of major life activity"* - The functional limitations experienced must be attributable to the disability, not to other life factors or circumstances. Substantial functional limitations are those that are pervasive. They have cumulative effects within and across areas of major life activity. A substantial functional limitation is more than just having difficulty in a major life area, or facing challenges in engaging in activities. It usually means that the person with a disability needs support or assistance to accomplish activities.

For children it is sometimes more difficult to determine whether a limitation is due to disability or to age, development, or maturity. In general, typical children need support for major life activities. For children with severe disabilities the support needed is significantly over and above that which is needed for a typical child of the same age.

REMEMBER: In all cases, the presence or provision of support does not eliminate the limitation. The support just helps the person to be more independent and minimizes the limitation caused by a disability. For example, a person who uses an assistive communication device to speak still has a substantial functional limitation in language, despite having the ability to communicate with the support of the device. Likewise, a person who uses a wheelchair still has limitations in mobility, despite being able to get around using the wheelchair.

Major Life Activities:

Self care - Self care refers to personal skills that are required daily to maintain a healthy existence. It includes such things as dressing, eating, and personal hygiene. Substantial limitations are those which are related to a disability and which prohibit a person from being able to complete self care tasks independently. A person may need physical assistance, cues or direction, or some other form of support in order to engage in these activities.

Receptive and expressive language - Substantial functional limitations in expressive language refer to the effects of a disability on a person's ability to use language to communicate to others in ways typical to their culture and community. Alternative forms of communication or assistive techniques or devices may be required. Receptive language limitations are those which substantially effect a person's ability to receive and use information/communication from others. In both cases, the limitations may have their roots in a cognitive impairment that effects processing ability, a sensory disability, or a physical impairment that affects language and communication ability.

Learning - Substantial limitations in learning may be caused by disabilities that have an impact on a person's ability to learn without additional supports and services.

Being a student in special education does not necessarily mean that a person has a severe disability or a substantial limitation in learning. Usually, having a substantial limitation will mean that a high level of supports and services are needed in an educational setting.

Mobility - Mobility has to do with being able to move around and use one's physical abilities in the environment. A person with a substantial limitation in mobility requires supportive aids and devices.

Self direction - Self direction refers to the ability to use judgment and common sense, to make decisions based on information and reasoning. It also refers to personal behavior, for example, behavior which affects the safety of one's self and others. It involves being able to act appropriately for the context and environment. A substantial functional limitation is one that is directly related to a disability and which affects a person's ability to use his/her skills to act on good judgment and decision making and to act and interact in a range of typical situations. Self direction is often affected by age and other factors. It is important to look at the effect of the disability, not other variables.

Capacity for independent living - This refers to the ability to engage in the activities needed to live, work, and recreate in the community. Examples may include such things as shopping, cooking, money management, time management (getting to work on time, keeping appointments) or, traveling about in the community. A person may need assistance and/or supports in order to be able to accomplish these activities.

It would be a good idea to look broadly at a range of activities related to independent living that are typical to the culture or community in which a person lives. Most people will have areas of strength and weakness. Understanding the scope of limitations and need for supports is part of judging the severity of the limitations.

Economic self-sufficiency - This refers to the ability to obtain and retain a job in a competitive work environment. A substantial limitation related to disability is one that needs to be addressed by the provision of supports and assistance above those which a typical person may need to get and maintain employment.

- d) *"reflects the person's need for special, interdisciplinary, or generic care, treatment, or other services that are of lifelong duration and must be individually planned and coordinated"* - Many of the sections above have referred to the need for supports, assistance, or specialized services as indicators of the presence of a substantial limitation. If special, interdisciplinary, or generic care, treatment, or other services are not needed, or will not be needed over the entire life of the person, then the person's disability does not meet all elements of the definition of severe disability for Family Support.

Presumptive Eligibility

If an individual is currently receiving SSI (Supplementary Security Income), that person will be assumed to be an individual with a severe disability for the purposes of eligibility for Family Support services. An individual will also be considered to have a severe disability for the purposes of eligibility for Family Support services if that individual has been determined eligible for or is currently being served in another service funded by the Division of Mental Retardation Services (DMRS), or in the case of young children (ages birth - 5), are eligible for services through PART H/the Tennessee Early Intervention System, or preschool special education through an LEA.

Review

Continued eligibility for families/individuals receiving services will be reviewed at least annually. For families/individuals on the waiting list, eligibility will be reviewed before service provision begins.

NOTES

An eligibility checklist (Appendix B) has been developed to assist in eligibility determination. It consists of two parts. The cover sheet provides a location to keep basic information about a family who is applying to the Family Support program. The eligibility checklist is designed to assist Family Support staff in receiving the information needed to make an eligibility determination. The eligibility checklist consists of checkboxes to help Family Support staff determine a family's eligibility. Therefore, it is advised that the Family Support staff complete the form not the family. Family situations change and it is recommended that the Family Support staff review this form at least annually with families that are approved for an additional year.

The questions on the checklist are those that need to be answered by Family Support staff in order to determine eligibility. The questions do not have to be specifically asked of family members the way they appear on the list, but should serve as a guide for a dialogue between family members and staff. Family Support staff should be encouraged to meet with a family who has been referred, at a time and place convenient to the family. Meeting in the family home is preferable, if the family is willing. At such a meeting, the family and support staff can address the issues that will determine eligibility.

Families who believe that an eligibility decision may be erroneous may appeal the decision through the grievance/appeals procedures outlined in Section 9.

2. SELECTION AND ENROLLMENT

PRINCIPLES

All families who meet the statutory definition are considered eligible for the Family Support program, however, it is expected that demand may outstrip resources in some areas. When that is the case, decisions will have to be made about which families are to be selected and enrolled in the program. Selection and enrollment should take place in ways that are fair and equitable and that respect family diversity in regard to cultural, economic, social, and spiritual differences. They should also take into account local and district differences.

The values of the Family Support program are rooted in family involvement and empowerment. The program is based on a supportive model that makes use of formal programs and services (generic and specialized), and the informal networks of friends, neighbors, extended family and others. It is advantageous then, to have selection and enrollment decisions for the program made at the local level. The community is where family needs and available supports are best known.

GUIDELINES

Selection

The selection process is different from the process of determining eligibility, and in many ways is more challenging. There is a great deal of flexibility in the selection process, which relies on consumer councils to assist in establishing priorities for services and addressing other issues.

The State Family Support Council has discussed the issue of selection in some depth and has tried to understand the intent of the Family Support Act. The council has reached consensus that the following are priorities and issues that need to be considered as decisions about selection are made.

Source of Disability

A primary focus of the Family Support program is to provide services to families whose family member:

- ◆ was born with severe disabilities, or acquired them in childhood;
- ◆ has been severely disabled by injury or trauma, e.g. brain injury, spinal cord injury, loss of limbs;
- ◆ has neurological and /or neuromuscular disorders, e.g. ALS, MD, MS.

Other Considerations

- ◆ The availability of other supportive services from existing programs or agencies.
- ◆ The impact of the disability on the activities of every day life for the whole family.

Family Support Agencies

Administering agencies will establish their own procedures for enrollment and selection. Each agency will have primary responsibility for eligibility determination, intake, and decisions about enrollment and selection in their catchment area. Those decisions will be based on a variety of factors including the priorities established by the Local and District Councils.

Some factors may include, but are not limited to

- ◆ family needs, including services currently available and in use, informal support systems available to the family, and the condition of family members,
- ◆ the immediacy of need, e.g. crisis or emergency,
- ◆ severity of the family problems,
- ◆ time awaiting services

Eligible but Unserved Applicants

A list of eligible but unserved applicants shall be maintained by the agency. A family must first be determined to be eligible for the program. After that determination, if the family is not enrolled, the family is placed on the eligible but unserved list. Data from the list shall be shared with the DMRS, the DMRS Regional Office, and Family Support councils. The data will be used for determining future district/local and statewide program needs.

Agencies should keep information that identifies the family (name) and the date services were requested.

Families on the list should be contacted for an update at least annually, if they remain on the list that long, to determine their needs and interest in remaining on the eligible but unserved list.

NOTES

It is important to note the distinction between eligibility and selection and enrollment. Many families who apply to the Family Support program may be approved as eligible for services based on the definition of family, severe disability, and living circumstance. However, depending on Family Support resources and priorities, a fewer number of families may actually be selected to receive services and enrolled in the program.

There are many issues to be addressed in the selection and enrollment process that go well beyond the choice of participant families. There are many complex situations that may arise. For example, a family may receive services, drop out of the program for a year or more, and then ask to have services reinstated. A local agency must then decide if this is a new applicant family, an existing participant family, or if the family should be treated in some other way.

Administering agencies will be confronted with the need to make complicated decisions that will affect families and communities. The Local and District Family Support Councils will be important sources of advice and counsel to agencies.

If a family encounters a problem with the selection and enrollment process, there is a grievance procedure available. It is outlined in Section 9.

3. PLAN FOR SERVICES

PRINCIPLES

The Family Support program is designed to be simple, easy to access, with a minimum of paperwork. The Family Support Act requires a written plan for each family/individual served, based on the needs and preferences of the family/individual. The plan shall be developed by the Family Support coordinator and the family, with the family taking the lead in identifying and prioritizing family needs. The plan should maintain or increase the control of families in determining the kinds of goods and services provided to them and in choosing the providers of these supports.

GUIDELINES

The Plan for Services

A plan requires seven elements:

1. The name of the family member with a disability and the primary responsible family member (if different than the individual).
2. The dates the plan was developed and implemented.
3. A statement of the needs and preferences of the family.
4. A list of specific services to be provided with details about responsibility, frequency and duration, costs, and payment methods for each.
5. A statement of the maximum financial commitment made by the agency.
6. A statement of agreement with the plan.
7. Signatures of family members and agency representatives involved in plan development.

The written plan must be reviewed at least annually and revised as necessary.

Services

The Family Support program may provide funds to families to purchase goods and services included in the plan. Any good or service which is supportive of a family may be included as a part of the plan. Such Family Support services may include, BUT ARE NOT LIMITED TO:

- ♦ Respite Care
- ♦ Day Care
- ♦ Vehicular Modifications
- ♦ Nutrition/Clothing/Supplies
- ♦ Transportation
- ♦ Housing Costs
- ♦ Nursing/Nurses Aide
- ♦ Recreation/Summer Camp
- ♦ Training
- ♦ Before/After Care
- ♦ Home Modifications
- ♦ Specialized Equipment & Repair/Maintenance
- ♦ Personal Assistance
- ♦ Homemaker Services
- ♦ Health Related
- ♦ Family Counseling
- ♦ Evaluation

Limits on Benefits

The DMRS, with the participation of the State Family Support Council, is responsible for establishing monetary limits on the benefits available from the Family Support program. The limit applies to the maximum number of state Family Support dollars that may be available to a family. The current limit on benefits is \$4,000.00 per individual with a severe disability in a family.

NOTES

A form for a written plan is appended to this document. It includes all seven elements on a single page.

A written plan may be developed for as long as a year. The plan is drafted by the family and Family Support coordinator, and represents a commitment for the goods and services listed. However, it should be noted that state funds cannot be committed beyond the end of a fiscal year. A plan may be reviewed and revised as often as family needs indicate. When a plan has been approved for a family to receive Family Support funding for a fiscal year the money will follow the family if they move from one county (agency) to another county (agency) in the state. The old agency will pay the family the money to continue receiving Family Support for the fiscal year that the Service Plan has been approved.

The planning process should be family driven, but will generally be a negotiation process as the family and Family Support coordinator work to provide needed and preferred supports. Not every family will receive support services up to the maximum benefit. The level of services will be based on the differing needs of the family and the funding and resources available in the community.

Services to families may be either short or long term. In some cases a service will have a distinct beginning and end, such as an equipment purchase, emergency respite, or funding for a parenting class. In other cases the support may be ongoing, such as the provision of specialized supplies, or ongoing childcare. When working with families, agencies must plan carefully in the development of the program and services to balance program resources and family needs in ways which will allow the agency to have resources available for family emergencies and other contingencies.

4. SERVICE COORDINATION

PRINCIPLES

Service coordination is a central element to the Family Support program. It is the process of providing assistance to families in obtaining access to services, programs, benefits, and information. Service coordination is a supportive rather than a directive function.

GUIDELINES

Service coordination is the process through which coordinators and families together ensure that services are obtained to best meet family preferences. These families receive information and referral services, coordination services, or other types of services that do not require direct service dollars.

Family Support coordinators assist families in considering and selecting needed supports and services, and in exercising control over their services. They help to secure access to integrated generic services in the community whenever possible.

Family Support coordinators are professionals with knowledge of disabilities and community resources and who have the ability to relate to families with diverse ethnic, economic, and cultural backgrounds and circumstances.

Family Support coordinators must have organizational skills to manage the tracking of services, and necessary documentation for the program.

The role of the Family Support coordinator is to:

- a. establish an open and sensitive relationship with the families;
- b. provide advice and support to the families as needed and requested, including being available to listen to problems and concerns as well as successes and gains;
- c. trouble shoot problems in the system;
- d. coordinate with local agencies and resources;
- e. complete all necessary paperwork.

NOTES

Service coordination should be carried out in a manner that is supportive and empowering for families. Families should be able to direct the scope and focus of service coordination, receiving the level of support they prefer.

5. FAMILY SUPPORT COUNCILS

PRINCIPLES

Families are the greatest resource available to each other and to individuals who have severe disabilities. The Family Support program is rooted in the philosophy that Family Support services must be family driven and family controlled. This means that staff treat people with disabilities and their families with dignity by respecting their individual choices and preferences, that services are flexible, keyed to those preferences, and that families have a lead role in all stages of the program, policy making, planning, implementation, evaluation, and program revision.

Family Support agencies should actively support families in their participation with Family Support councils.

At the state level, a Family Support Council, a majority of whose members are individuals with disabilities or family members participates with the DMRS in the development of program policies and procedures, and implementation of Family Support. The program also includes District and Local Family Support Councils which advise Family Support agencies, provide oversight, and make recommendations to the state council on funding needs and priorities for services.

GUIDELINES

State Council

Operating and Procedures Subcommittee Recommendations

- 1) Terms of Service
 - 2) Meeting Attendance
 - 3) Expenses
 - 4) Standing Committees
- I. Terms of Service
 - A. Two year terms for State Council members, limited to two consecutive terms.
 - B. The nomination committee will announce its slate for membership at the September meeting. The slate for District Council membership will be presented at the July meeting.

- C. The State Council will ask the following agencies to recommend a representative for appointment to the Council by the Commissioner:
- Developmental Disabilities Council
 - Tennessee Disability Coalition
 - Tennessee Network of Community Organizations (TNCO)
 - Centers for Independent Living (every two year term, representatives will be rotated among the federally funded centers)
 - Department of Mental Health and Developmental Disabilities 1
 - Department of Mental Health and Developmental Disabilities 2
- D. Officers, election, and terms
1. Officers: a) Chair b) Vice-Chair
 2. Officers may not be a state employee, an employee of a Family Support agency, or employees of contracted agencies
 3. Officers will not be nominated from the appointed members listed above in "C"
 4. Officer term limits will be one year term only due to the two year term limits. However, if an officer remains on the Council, or is reappointed, he/she may be nominated for a second one year term as an officer.
 5. District Council Representatives:
 - a. Must be consumers (i.e., an individual with a severe disability or member of a family containing a member with a severe disability).
 - b. District Council representative may serve two consecutive two-year terms on State Council. If over the two-term limit, must send another District Council representative.

II. Meetings

- A. When an appointed Council member from one of the six agencies cannot attend a scheduled meeting, the agency representative may send another representative from that agency to the Council meeting.
- B. When a District Council member cannot attend a scheduled meeting, the District Council may designate a representative to attend that meeting; however, the designee should be a consumer.
- C. If a council member sends a proxy or designee to a scheduled meeting, it is considered as attendance in the meeting.
- D. To assure appropriate consumer/agency representation on District Councils, there will be a yearly review of nominations and membership by the State Council.
- E. Frequency of Meetings:
1. Five meetings will be projected each council year (July 1st to June 30th) with a minimum of four meetings fulfilled.
 2. To aid in the timely receipt of data to the State Council, State Council meetings will be held during the months listed below.
 - August (orientation for new members)
 - November
 - February
 - May

F. Quorum

The State Council consists of fifteen voting members, six are appointed agency and nine are district representatives. Eight voting members must be in attendance to account for more than one-half of the Council membership, or a majority. Therefore, eight members are required to fulfill this policy at a quorum call. The eight members must be present whether or not the Council membership possesses the stated fifteen members at that particular point in time. If a council member cannot attend a scheduled quarterly meeting they are required to inform state staff to insure a quorum at each meeting.

- G. The State Council may request that appointed council members be replaced if they miss three consecutive meetings or 50% of the meetings held in a fiscal year.

III. Expenses of District Council members and non-State agency representatives for attendance at State Council meetings.

- A. The Division will reimburse for Personal Assistants (P.A.) or Respite care (in member's local area) for District Council members and non-State agency members who need such service in order to attend State Council meetings.
- B. The State Council will budget monies for one night's optional lodging for each District Council member and non-State agency members attending the council meeting who requires lodging. This lodging option is available only to council members living in excess of 150 miles from Nashville (food and mileage expenses will be reimbursed according to State rules).
- C. \$3,500 in Family Support funds will be budgeted to cover the cost of personal assistance and respite for council members.

IV. Standing Committees

A. Executive Committee

- 1. The State Council Executive Committee will consist of the Chair, Vice-Chair, and two other council members who will be voted on by the Council at the August meeting.
- 2. The role of this committee is to continue council business with the Division between meetings. In addition, the Executive Committee may meet before council meetings in order to make recommendations to the council.
- 3. The Executive Committee will appoint the nominating committee at the May meeting.
- 4. The Executive Committee will provide orientation to all incoming State Council members.

B. Nominating Committee

- 1. The State Council Nominating Committee will annually review the District Council nominations.
- 2. The Nominating Committee is responsible for State Council Officer nominations.
- 3. This committee will review the status of the State Council appointments.

C. Policies & Procedures/Program Evaluation

This committee will be accountable for:

- 1. Recommending council policies
- 2. Program guidelines and operating procedures
- 3. Development and implementation of State level program evaluation.

D. Public Awareness/Training

1. Responsible for training activities and materials for agencies, staff, and councils.
2. Accountable for oversight of agency outreach efforts. Check data.
3. Offers assistance to agencies in developing outreach strategies and materials.

V. Duties of the State Council:

A. The State Council shall adopt policies and procedures regarding:

- (1) Development of appropriations requested for Family Support;
- (2) Program specifications:
 - (A) Criteria for program services;
 - (B) Methodology for allocating resources to families within the funds available;
 - (C) Eligibility determination and admissions;
 - (D) Limits on benefits;
- (3) Coordination of the family support program and the use of its funds equitably throughout the state, with other publicly funded programs, including Medicaid;
- (4) Resolution of grievances filed by families pertaining to actions of the Family Support program, and an appeals process;
- (5) Quality assurance; and
- (6) Annual evaluation of services, including consumer satisfaction.

Local Council

Each contract agency shall initiate or assist in establishing and maintaining a Local Family Support Council.

A. Composition of the Local Family Support Council:

1. The Local Council shall be composed of persons familiar with Family Support services who reside within the service area. (The agency coordinator shall provide orientation to all incoming Local Council members)
2. A majority of the Local Council shall be consumers (i.e., an individual with a severe disability or member of a family containing a member with a severe disability).
3. The Local Council shall contain at least five members (agency personnel paid through the Family Support program cannot be counted as one of these five members; agency personnel provide staff support only).
4. A quorum for meetings must account for more than one half of the council membership or a majority.

B. Duties of the Local Family Support Council:

1. The Local Council shall meet a minimum of once a quarter (two out of four meetings can be conducted by conference call).
2. The Local Council shall serve as the first step in the resolution of grievances or appeals.
3. The Local Council shall provide oversight of the operation of Family Support services within the area that the agency contracts for, including:

- a) serving as the primary decision making group which selects the families to be funded by the Family Support program and determines the amount of funds from the program which is provided to the family,
 - b) establishing priorities for selection of service recipients,
 - c) offering advice and counsel to the agency regarding complicated decisions that will affect families and communities,
 - d) reviewing agency quarterly reports, and
 - e) reviewing the operation and effectiveness of service delivery and recommend any necessary changes in the services
4. The Local Council assists the agency in writing responses to the DMRS regarding the feedback received from the Family Support Review.
 5. The Local Council will have a copy of the agency application for Family.
 6. The Local Council shall periodically review expenditure or disbursement of Family Support funds in the service area.
 7. The Local Council must submit all changes and recommendations such as funding and priorities to the District Council for approval prior to implementing.
 8. The Local Council shall promote Family Support in the community and work to build consensus and capacity in the community.
 9. The Local Council shall have a representative on the District Council.
 10. The Local Council shall fulfill other duties, as needed.
 11. The Local Council shall designate an individual to take notes of each meeting. The Local Council will submit an approved summary to the agency for filing. The agency will send a copy of this summary to the DMRS Regional Office.

The above position of the Local Councils indicated throughout the guidelines shall be interpreted as this procedure indicates.

District Council

There shall be a District Family Support Council within each of the nine developmental districts of the state. The DMRS Regional Office will provide staff support to the councils.

A. Composition of the District Family Support Council:

1. The District Council shall be composed of persons familiar with Family Support services who reside within the district. (The DMRS Regional Coordinator shall provide orientation to all incoming District Council members)

2. One member from each Local Family Support Council shall be selected by the members of that council to serve on the District Council. Additional members shall be nominated by Family Support agencies and/or the DMRS Regional Office and approved by the State Family Support Council. The District Councils should have at least five members.
3. A majority of the members on the District Council shall be consumers (i.e., an individual with a severe disability or member of a family containing a member with a severe disability).
4. A quorum for meetings must account for more than one half of the council membership or a majority.

B. Duties of the District Family Support Council:

1. The District Council shall meet a minimum of once a quarter (two out of four meetings can be conducted by conference call).
2. The District Council assists as the second step in the resolution of grievances or appeals.
3. The District Council shall provide oversight of the operation of Family Support services within the district, including:
 - a) overseeing priorities for selection of service recipients,
 - b) reviewing quarterly reports from contract agencies and public providers,
 - c) reviewing the operation and effectiveness of service delivery and recommend any necessary changes in the services, and
 - d) reviewing the performance of service providers and recommend continuation or changes where necessary.
4. The District Council shall review the expenditure of Family Support funds and make recommendations to the State Council on funding needs and priorities within the district.
5. The District Council shall approve changes and recommendations such as funding and priorities for agencies in the District.
6. The District Council shall organize grassroots efforts in supporting Family Support services within the district.
7. The District Council shall be represented on the State Family Support Council. In the case that the State Council nominee is unable to attend the quarterly State Family Support Council meetings another District Council member can be chosen to represent the District Council.
8. In the event that there is only one Family Support agency in a district of the state, there shall be a District Council appointed to fulfill the functions of both Local and District Councils. A Local Council will not be appointed.
9. The District Council shall nominate a secretary to take notes of each District Council meeting and distribute the meeting summary to the District Council members and the DMRS and the DMRS Regional Office.

6. Role of the Regional Offices

Guidelines

The DMRS Regional Office shall assign staff to work with the Family Support program. The Regional Office will be responsible for:

1. Technical Assistance for Community Providers
 - a. Help identify, recruit, and train Local Council members.
 - b. Periodically attend Local Council meetings.
 - c. Schedule, plan, and facilitate quarterly regional meetings with Family Support agency coordinators.
 - d. Problem solve with families and agencies when a problem is identified in the Family Satisfaction Surveys.
 - e. Coordinate the grievance/appeals process at each Council level and compile meeting summaries of the findings.
2. Staff Support to the District Councils
 - a. Identify, recruit, and train new District Council members.
 - b. Attend all District Council meetings.
 - c. Collaborate with the District Council Chair(s) to schedule quarterly meetings, prepare agendas, send meeting notices, secure and distribute meeting summaries and other paperwork to the District Council and DMRS.
3. Grant Application and Agency Review
 - a. Schedule District Council meetings with the Chair to review Grant Applications every three years and more often if needed.
 - b. Review all Grant Applications and check for accuracy and comprehensiveness.
 - c. Facilitate the Grant Application selection process with the District Councils. Assure that any requests for application changes are returned and that the amendment is shared with the District Councils.
 - d. Summarize and submit the District Councils Grant Application recommendations to the State Council.
 - e. Schedule the Agency Review during years 2 and 3 of the three year agency contract and recruit District Council volunteers for each Agency Review.
 - f. Participate in and facilitate the Agency Review process.
 - g. Assure that agencies submit responses to the Agency Review Team's recommendations within thirty days, and share these responses with the District Councils at their next scheduled meeting for approval/disapproval.
 - h. Assure that the agencies receive documentation from the District Council for approval/disapproval of their response within thirty days of the District Council meeting.
4. Traditional Duties
 - a. Assure that the Local Councils are meeting quarterly, and distribute Local Council meeting summaries to the appropriate District Council and DMRS.

- b. Review all Local Council meeting summaries to assure compliance with Local Council priorities and Family Support Guidelines.
 - c. Attend quarterly State Council meetings and provide an overview of the regional activities.
 - d. Review agency quarterly reports and make recommendations to agencies and councils.
5. Non-Traditional Duties
- a. Oversee areas where no local provider exists, explore establishment of a local base of support for individuals and families, and help to solicit community providers for Family Support services.
 - b. Provide Family Support services in areas where no local provider exists. Financial obligations will be through a contracted state agency.
 - c. Upon termination of a Family Support agency the Regional Office Family Support coordinator will oversee the transfer of files to the new agency.

7. CONTRACTING

PRINCIPLES

Because of the nature and philosophy of Family Support, services should be community-based and locally operated. Family and community involvement and empowerment are critical components of Family Support. Because Family Support uses a combination of formal programs and services, and the informal networks of friends, neighbors, extended family and others, it is important to have local stakeholders involved. Community based and operated services build capacity, commitment, and accountability. Developing contracts with local administering agencies brings Family Support to localities.

GUIDELINES

Establishment of Grants/Contracts

The DMRS, as the lead agency for Family Support services, shall assist in developing community based Family Support services by:

- a. operating a program of grants to local agencies and providers, both public and private non-profit, and to consumer groups to establish or develop Family Support services;
- b. actively encouraging providers, both public and private, including consumer groups, to establish services where services are not readily available; and
- c. providing Family Support services directly only when other public and private providers are not available or willing to provide services.

Grant and Contract Procedures

The DMRS will contract annually with the community based provider for the provision of Family Support services. Contract and payment procedures are as follows:

- a. DMRS and the DMRS Regional Office and the State Family Support Council will request applications from community based providers for the provision of Family Support services within a designated area as needed, and statewide every three years.
- b. Applications submitted by providers will be reviewed by Districts Councils and recommendations for funding will be made to the State Council and the DMRS. Applications will be approved for a minimum of one year and may be renewed.
- c. Funds for Family Support services are allocated on an equitable basis, ordinarily by the general population within a county. A minimum allocation per county is established.
- d. Funds are allocated on a per county basis. Expenditures in a county should approximate that county's allocation. Deviations of 25% or more from that allocation should receive approval from the District Council, before they are made.

- e. All funds allocated for Family Support services must be spent on Family Support services. Excess funds from the 85% budget for direct expenditures cannot be used for other purposes. Any funds remaining at the end of a fiscal year may not be carried over, and will be recouped by the DMRS.

Roles and Responsibilities of Contract Agencies

All grantees/contract agencies for the provision of Family Support services will assure that their programs will:

- a. implement the program within the entire designated service area;
- b. designate one person to serve as the primary contact for the overall implementation and coordination of the program;
- c. establish and maintain a Local Family Support Council and follow the Local Council guidelines in Section 5 of the Family Support Guidelines;
- d. involve the Local Council in any grant application changes and submit these changes to the District Council for approval;
- e. in cooperation with the family;
 - 1. identify eligible families and with them determine their needs and preferences for services;
 - 2. identify and coordinate all available resources, both formal and informal, public and private, to meet the identified needs and preferences of families;
 - 3. develop a written plan for the delivery and payment for services; and
 - 4. periodically reevaluate the family's needs, priorities, preferences, and concerns;
- f. ensure that agency personnel involved in Family Support services are adequately trained to carry out their assigned functions, including training on "Individual Rights and the ADA" and "Prevention and Reporting of Abuse and Neglect" (see Appendix F - Policy Letters for further information regarding staff training);
- g. disseminate information so that eligible families will know of the availability of services;
- h. comply with all applicable the DMRS fiscal policies and procedures; and
- i. submit quarterly reports and other informational data to the State Family Support Council and the DMRS and DRMS Regional Office. The schedule for agencies to submit quarterly data to the DMRS Regional Office is

| Fiscal Year | | Agency Report Due |
|--------------------|-------------------------|--------------------------|
| Quarter 1 | July 1 – September 30 | October 31 |
| Quarter 2 | October 1 – December 31 | January 31 |
| Quarter 3 | January 1 – March 31 | April 30 |
| Quarter 4 | April 1 – June 30 | July 31 |

8. BILLING AND PAYMENT

PRINCIPLES

Because Family Support services are flexible and individualized, billing and payment procedures should embody and support the same concepts. Contract agencies should utilize payment methods that enable families to make decisions about the nature of the support they want and how they will use it. Agencies should facilitate the flow of dollars to families and for families without placing an undue burden on families. In the same way, the flow of dollars from the state to contract agencies should not place an undue burden on the state or agencies.

GUIDELINES

Payments for Family Support Services by Contracted Agencies

Each contracted agency will need to establish an accounting system for services provided by Family Support funds. Each agency will develop their own procedures specifying the circumstances as to when families need to attach receipts or documentation of obtaining bids and specifying the nature or type of those receipts and documentation. In establishing these procedures, the agency will need to consider their organization's internal control accounting requirements, documentation requirements, cost benefit associated with requiring receipts of families and review of the receipts, and the burden the documentation places on families.

Distribution of funding to families for services may take a variety of forms depending on the needs and desires of the family. A voucher method or any method which ensures an auditable record of all services and goods purchased with Family Support funds may be used. The contract agency may pay the vendor directly, may reimburse the family for completed services, or may provide the family with an advance for approved services. If the family chooses to make direct payments for goods and services and is reimbursed by the contract agency, the agency should ensure that it maintains appropriate documentation.

The following guidelines should be adhered to in expending Family Support funds:

- a. A support services plan must be completed prior to payment.
- b. All payments to families and on behalf of families must be for Family Support services as approved in the plan.
- c. Equipment purchased for families becomes the property of the family.

Payments by DMRS to Contracted Agencies

The DMRS will annually contract with community providers to purchase Family Support services. Contract and payment procedures for the Family Support program are:

- a. The amount of funds in the contract with providers is to be considered and managed as restricted funds. Family Support services funds can only be used for Family Support services and cannot be transferred to other agency programs.
- b. Of the funds in a contract, a maximum of fifteen percent (15%) can be used for personnel or other administrative services. At least eighty five percent (85%) must be used for goods and services for eligible families.
- c. Funding for Family Support will be treated as a pass through program. Therefore, allocation of indirect costs will not be required.
- d. Grant funds will be reimbursed to the provider agency on the actual expenses incurred monthly.
- e. Agencies will submit a monthly invoice on amount spent and quarterly reports on expenditures to the DMRS Regional Office in accordance with the Division's Operations Manual.
- f. At the end of the third quarter, agencies will report any funds that will not be expended by June 30. These funds can then be transferred to other agencies within the district in need of additional Family Support funds.

NOTES

As stated, several methods may be considered by the agency for the distribution of Family Support funds, depending on the needs and desires of the families. The possibilities range from the agency taking complete responsibility for payment of services or goods to giving complete control to the family, or some combination of these. For example, a family may wish to have a flat grant to pay out of pocket expenses for baby-sitting, special clothing, and other items, at the same time preferring the agency purchase large items such as a ramp or a piece of special equipment. To the extent possible, each family should be allowed to make decisions concerning payment options. Staff working with the program should discuss the various payment options with each family and together determine the most desirable option.

See Appendix F - Policy Letters for documentation of policies pertaining to "Billing and Payment" that have been changed or added since the conception of the program.

9. GRIEVANCE/APPEALS

PRINCIPLES

Families should have a non-threatening, easy to use mechanism available for settling disputes over program practices, or complaining about program operations, staff, or decisions. The grievance/appeals process should be easy to access and to understand. Families should be made aware of the process and how to use it. When addressing a complaint or grievance, every effort should be made to settle the issue as quickly as possible and as close to the source as possible. If resolution is not possible at the agency level, an appeals process should be available.

In keeping with the family focus and control principles of Family Support services, families should be a part of the team which makes the final decision in response to an appeal or complaint.

GUIDELINES

If attempts at resolution are unsuccessful at the agency level the following procedure shall be followed to resolve any complaint or grievance regarding Family Support services.

1. *Local Council Review* - The family should contact the DMRS Regional Office Family Support staff in writing or by phone. This notification should occur within thirty days of the aggrieved occurrence. The Regional Office will forward the source of complaint in writing to the Local Council for resolution. The Local Council shall meet with the agency and family separately to discuss the grievance and present evidence. It is the family's choice to attend the meeting in person, attend the meeting with an advocate, choose to send an advocate to the meeting on their behalf, or rely on written documentation of the complaint to be presented at the meeting. This meeting shall occur no later than thirty days following the receipt of the written grievance. Within ten days following the meeting the Local Council will compile a meeting summary and submit this to the DMRS Regional Office Family Support staff and will also notify the family of its decision in writing.
2. *District Council Review* - If the family is not satisfied with the Local Council decision the family should contact the DMRS Regional Office Family Support staff in writing or by phone within ten days following notification from the Local Council. The Regional Office will forward the complaint in writing to the District Council for resolution. The District Council shall meet with the agency and the family separately to discuss the grievance and present evidence. It is the family's choice to attend the meeting in person, attend the meeting with an advocate, choose to send an advocate to the meeting on their behalf, or rely on written documentation of the complaint to be presented at the meeting. This meeting shall occur no later than thirty days following the receipt of the written grievance. Within ten days following the meeting the District Council will compile a meeting summary and submit this to the DMRS Regional Office Family Support staff and will also notify the family of its decision in writing.

3. *State Council Review* - If the family is not satisfied with the District Council decision the family should contact the DMRS Regional Office Family Support staff in writing or by phone within ten days upon notification from the District Council. The Regional Office staff will forward the source of complaint in writing to the Chairperson of the Family Support State Council and to the State Coordinator of the Family Support program. All parties involved will present the complaint or grievance before the Family Support State Council. It is the family's choice to attend the meeting in person, attend the meeting with an advocate, choose to send an advocate to the meetings on their behalf, or rely on written documentation of the complaint to be presented at the meeting. This meeting shall occur at the next scheduled meeting for the Family Support State Council. The Regional Office staff will help the family compile a written form of findings for the Family Support State Council meeting. The State Council will notify the family of its decision in writing within ten days following the meeting. The decision of the Family Support State Council is final.

DMRS Regional Office Family Support Staff

West

8383 Wolf Lake Drive
Bartlett, Tenn. 38133
(901) 231-1872

Middle

275 Stewarts Ferry Pike
Nashville, Tenn. 37214
(615) 231-5033

East

5908 Lyons View Drive
Knoxville, Tenn. 37919
(865) 588-0508; ext. 128

10. PROGRAM EVALUATION

PRINCIPLES

Program evaluation is critical to sustaining a responsive and effective Family Support program. All aspects of the program should be evaluated periodically to determine its effectiveness in assisting families. Program evaluation can be used to assist both agencies and the DMRS and the DMRS Regional Office to refine and improve the program.

Consistent measures and procedures should be utilized by the evaluators in order to obtain data that are applicable on a state-wide basis. Issues such as effectiveness of outreach and public awareness to families throughout the catchment area, ease of family access to the program, timeliness of response to request and start-up of service, availability of services, responsiveness to family needs and preferences, and customer satisfaction should all be considered in the system of evaluation that is developed for this program.

GUIDELINES

Methods of Evaluation

1. Family Support Evaluation

A standard form is used statewide for Family Support Evaluation. The evaluation will gather sufficient information to allow for effective planning, refinement, and improvement of the program to meet the needs and desires of local families. The evaluation will be distributed annually.

To avoid confusion for the families each agency needs to submit a cover letter with their agency name and a contact person for the families to call if they have questions. Each Family Support agency will send the cover letter and mailing labels of all the families they serve in the Family Support Program to DMRS during the first week in February. DMRS will mail the evaluations to families in early March. The evaluations will be due each April and DMRS will compile the results and distribute the outcome to the appropriate agency and the State Council in May.

This evaluation should address the following:

- ♦ Family satisfaction and program responsiveness

11. FAMILY SUPPORT REVIEW

PRINCIPLES

Because of the nature and philosophy of Family Support, services should be community-based and locally operated. Family and community involvement and empowerment are critical components of Family Support. Because Family Support uses a combination of formal programs and services, and the informal networks of friends, neighbors, extended family and others, it is important to have local stakeholders involved. Community based and operated services build capacity, commitment, and accountability. Developing contracts with local administering agencies brings Family Support to localities.

GUIDELINES

The purpose of a Family Support Review is to assure that each agency follows the requirements in the Family Support Guidelines and implement the activities written in its application. The State Council will oversee the Family Support Review.

The services provided by each agency that contracts with the DMRS to provide Family Support will be reviewed at least once during the agency's three year contract and more often if needed. The DMRS and the DMRS Regional Office will schedule dates and recruit volunteers from the State Council and District Councils to conduct a Family Support Review of agencies that contract for Family Support.

Family Support Review Schedule

Agencies will be reviewed during years two or three of their contract. The DMRS will notify agencies one - three months prior to the scheduled visit.

Review Procedures

1. When an agency is notified of the date of the Family Support Review the agency shall submit the following information to the DMRS Regional Office within two weeks upon receipt of notification:
 - a. the consumer name and family contact name, addresses, and phone numbers of the families served in the Family Support program
 - b. the names, addresses, and phone numbers of the Local Council members
2. At least two weeks prior to the Family Support Review the agency will be notified by DMRS of documents that will be reviewed during the visit.

3. The review will address requirements in the Family Support Guidelines and focus on the agency's application. The review procedures will include:
 - ◆ an interview with the agency Family Support Coordinator
 - ◆ interviews with one or more families receiving Family Support
 - ◆ interviews with one or more Local Council members
 - ◆ an examination of records

Exit Conference

Following the Family Support Review an exit conference will summarize the results of the review and may resolve issues identified during the process. The agency Director, the agency Family Support Coordinator, Local Council members, and any other interested individuals may participate in the exit conference.

Follow-Up

The review team will develop a written response following the completion of the review and forward a copy to the agency director within thirty days. The agency must respond to the plan in writing if the response identifies recommendations for improving the agency's services. The agency will be responsible for developing a plan of action that responds to the recommendations and returning its response to the DMRS and the DMRS Regional Office within thirty days (the Local Council will assist the agency in this process). The DMRS Regional Office will share the report and the agency plan with the District Council at their next scheduled quarterly meeting for approval or disapproval and the agency will receive a response from the District Council within thirty days.

The District Council will be responsible for overseeing that agencies follow the Family Support Guidelines and implement the activities proposed in their application to the DMRS. The District Council will assure that an agency plan is followed. If a plan is not followed, the District Council will report its findings to the State Family Support Council. The State Family Support State Council will review the conclusions and base their decision on the following if they feel the agency is out of compliance:

"The State Family Support Council thinks it is basic that the agency fulfill the Mission and Purpose stated in the application submitted. The agency will be held accountable to fulfill the application and adhere to the Family Support Guidelines. Accountability includes the State Family Support Council recommending to the Division of Mental Retardation Services the termination of the contract of agencies that are out of compliance."

APPENDIX A

GUIDE TO FAMILY SUPPORT LEGISLATURE

Guide to Family Support Legislation

Title 33

Definitions

Chapter 5; Part 2

33-5-201

As used in this part, unless the context otherwise requires:

- (1) "Council" means the State Family Support Council appointed under § 33-5-208;
- (2) "Family" means a unit that consists of either a person with a severe or developmental disability and the parent, relative, or other care giver who resides in the same household or a person with a severe or developmental disability who lives alone without such support;
- (3) "Family Support" means goods and services needed by families to care for their family members with a severe or developmental disability and to enjoy a quality of life comparable to other community members;
- (4) "Family Support program" means a coordinated system of family support services administered by the department directly or through contracts;
- (5) "Severe disability" means a disability that is functionally similar to a developmental disability but occurred after the person was twenty-two (22) years old; and
- (6) "State Family Support Council" means the council established by the department to carry out the responsibilities specified in this part.

Chapter 1; Part 1

33-1-101

As used in this part, unless the context otherwise requires:

- (8) "Department" means the Department of Mental Health and Developmental Disabilities.
- (10) "Developmental Disability" means a condition based on having either a severe chronic disability or mental retardation.
- (22) "Severe, chronic disability" in a person over five (5) years of age means a condition that:
 - (A) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - (B) Is manifested before age twenty-two (22);
 - (C) Is likely to continue indefinitely;
 - (D) Results in substantial functional limitations in three (3) or more of the following major life activities:
 - (i) Self-care;
 - (ii) Receptive and expressive language;
 - (iii) Learning;
 - (iv) Mobility;
 - (v) Self-direction;
 - (vi) Capacity for independent living; and
 - (vii) Economic self-sufficiency; and
 - (E) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic services, supports, or other assistance that is likely to continue indefinitely and to need to be individually planned and coordinated.

"Severe, chronic disability" in a person up to five years of age means a condition of substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disability as defined for persons over five (5) years of age if services and supports are not provided.

Legislative Intent – Principles for Developing Programs

Chapter 5; Part 2

33-5-202

- (a) The policy of the state is that persons with severe or developmental disabilities and their families be afforded supports that emphasize community living and enable them to enjoy typical lifestyles.
- (b) Programs to support families shall be based on the following principles:
 - (1) Families and individuals with severe or developmental disabilities are best able to determine their own needs and should be empowered to make decisions concerning necessary, desirable, and appropriate services and supports;
 - (2) Families should receive the support necessary to care for their relatives at home;
 - (3) Family support is needed throughout the life span of the person who has a severe or developmental disability;
 - (4) Family Support services should be sensitive to the unique needs, strengths, and values of the person and the family, and should be responsive to the needs of the entire family;
 - (5) Family Support should build on existing social networks and natural sources of support in communities;
 - (6) Family Support services should be provided in a manner that develops comprehensive, responsive, and flexible support to families as their needs evolve over time;
 - (7) Family Support services should be provided equitably across the state and be coordinated across the numerous agencies likely to provide resources and services and supports to families; and
 - (8) Family, individual, and community-based services and supports should be based on sharing ordinary places, developing meaningful relationships, learning things that are useful, and making choices as well as increasing the status and enhancing the reputation of persons served.

Primary Focus

Chapter 5; Part 2

33-5-203

The primary focus of the Family Support program is supporting:

- (1) Families with children with severe or developmental disabilities, school age and younger;
- (2) Adults with a severe or developmental disabilities who choose to live with their families; and
- (3) Adults with a severe or developmental disabilities who are residing in the community in an unsupported setting (not a state or federally funded program).

Duties of Contacting Agency

Chapter 5; Part 2

33-5-204

The contracted agency shall be responsible for assisting each family for whom services and support will be provided in assessing their needs and shall prepare a written plan with the person and family. The needs and preferences of the family and individual will be the basis for determining what goods and services will be made available within the resources available.

Scope of Family Support Services

Chapter 5; Part 2

33-5-205

The Family Support services included in this program include, but are not limited to, family support services coordination, information, referral, advocacy, educational materials, emergency and outreach services, and other individual and family-centered assistance services, such as:

- (1) Respite care;
- (2) Personal assistance services;
- (3) Child care;
- (4) Homemaker services;
- (5) Minor home modifications and vehicular modifications;
- (6) Specialized equipment and maintenance and repair;
- (7) Specialized nutrition and clothing and supplies;
- (8) Transportation services;
- (9) Health-related costs not otherwise covered;
- (10) Licensed nursing and nurses aid services; and
- (11) Family counseling, training and support groups.

Service Coordination Services

Chapter 5; Part 2

33-5-206

As a part of the Family Support program, the contracted agency shall provide service coordination for each family that includes information, coordination, and other assistance as needed by the family.

Families of Adults with Disabilities – Services and Resources

Chapter 5; Part 2

33-5-207

The Family Support program shall assist families of adults with a severe or developmental disabilities in planning and obtaining community living arrangements, employment services, and other resources needed to achieve, to the greatest extent possible, independence, productivity, and integration into the community.

State Family Support Council

Chapter 5; Part 2

33-5-208

The commissioner shall appoint a State Family Support Council comprised of fifteen (15) members, of whom at least a majority shall be persons with a severe or developmental disabilities or their parents or primary care givers. The council shall have one (1) representative from each development district of the state, one (1) representative of the Developmental Disabilities Council, one (1) representative of the Tennessee Disability Coalition, one (1) representative of the Community Rehabilitation Agencies of Tennessee, and one (1) representative of a Center for Independent Living. The commissioner shall appoint two (2) at-large members for the department.

Department to Participate with Council – Policies and Procedures

Chapter 5; Part 2

33-5-209

The department shall participate with the State Family Support Council and shall adopt policies and procedures regarding:

- (1) Development of appropriations requested for Family Support;
- (2) Program specifications:
 - (A) Criteria for program services;
 - (B) Methodology for allocating resources to families within the funds available;
 - (C) Eligibility determination and admissions; and
 - (D) Limits on benefits;
- (3) Coordination of the Family Support program and the use of its funds equitably throughout the state, with other publicly funded programs, including Medicaid;
- (4) Resolution of grievances filed by families pertaining to actions of the Family Support program, and an appeals process;
- (5) Quality assurance; and
- (6) Annual evaluation of services, including consumer satisfaction.

Council – Meetings – Duties – Expenses

Chapter 5; Part 2

33-5-210

The State Family Support Council shall meet at least quarterly. The council shall participate in the development of program policies and procedures, and perform other duties as are necessary for statewide implementation of the Family Support program. All reimbursement for travel expenses shall be in conformity with the comprehensive state travel regulations as promulgated by the Commissioner of Finance and Administration and approved by the Attorney General and reporter.

Administration of Program – Funding

Chapter 5; Part 2

33-5-211

The department shall administer the Family Support services program and shall establish annual benefit levels per family served. Implementation of this part and the program and annual benefit levels, or any portion of the program or benefits levels, are contingent upon annual line item appropriation of sufficient funding for such programs and benefits.

*For more information regarding Title 33 you may go the web page for the department:
www.state.tn.us/mental/t33master.doc*

APPENDIX B

INTAKE FORM & ELIGIBILITY CHECKLIST

Family Support Services Intake Form

Date _____

Name of Family Member with a Severe Disability _____

Social Security # _____ Date of Birth _____

Name of Primary Family Member(s) _____
(if different than above)

Family's address _____ Phone _____

_____ Phone _____

County _____

Reason for Referral to Family Support Services (include information on the impact of disability on family)

Potential Support Services Needed/Requested _____

Is the Individual or Family Currently Receiving Other Services?

Medicaid ☐ Private Insurance ☐ DMR ☐ VR ☐

Medicare ☐ SSI ☐ DMH ☐

Other _____

If Someone Other than the Family/Individual is Making a Referral:

Name of individual making referral to Family Support _____

Agency _____ Phone _____

Address _____

Eligibility Checklist

Date Completed _____

Family Member with a Severe Disability _____

Social Security # _____ Date of Birth _____

Name of Family Member Interviewed for Eligibility Checklist

Name of Agency Representative _____

Based on the Information Provided, is this Family Eligible for Family Support Services?

(Circle One)

Eligible

Not Eligible

The disability of the family member appears to fall into what category?

Note: This information is requested for statistical purposes only and does not impact provision of services in any way. Family Support coordinators should use their best judgment: documentation and precision are not required. A person does not have to fall into one of these categories to receive Family Support services.

_____ Attention Deficit Disorder

_____ Mental Illness

_____ Autism

_____ Mental Retardation

_____ Deaf/Blind

_____ Multiple Disabilities

_____ Developmental Delay (young children)

_____ Neurological Impairments

_____ Health Impairment

_____ Orthopedic Impairment

_____ Hearing Impairment/Deafness

_____ Traumatic Brain Injury

_____ Learning Disability

_____ Visual Impairment/Blindness

_____ Other _____

NOTES

Before a Service Plan is written all sections must be completed.

Eligibility Checklist, page 2

The definitions of “family” and “family member with a severe disability” are provided in the Family Support Guidelines. This checklist is designed to assist in identifying those families who are eligible for Family Support services. To be eligible for Family Support a family must meet Section 1 (yes), Section 2 (no), and EITHER Section 3 or Section 4. Eligibility does not automatically imply selection and enrollment. Selection is based on each county’s funding, resources, and priorities.

SECTION 1 – Family - A family must have a member with a severe disability.

| | | |
|--|-----|----|
| Does the individual with a severe disability reside in a home, either alone or with a parent, relative, or other caregiver (or will be when Family Support services are provided)? | YES | NO |
|--|-----|----|

SECTION 2 - Residence

| | | |
|---|-----|----|
| Does the individual reside in a state or federally funded setting where there is a paid caregiver? This includes settings such as group homes, state-funded foster homes, supported living, and institutions. It does not include subsidized housing such as Section 8, or situations in which a caregiver is privately paid. | YES | NO |
|---|-----|----|

SECTION 3 – Presumptive Disability (if A, B, or C is yes the family is considered eligible for this section)

| | | |
|--|-----|----|
| A. Is the individual with a severe disability currently eligible for and/or receiving SSI? | YES | NO |
| B. Is the individual currently eligible for or receiving services from a DMRS funded program? | YES | NO |
| C. If the individual is a young child, is the child eligible for or receiving services from the TEIS? Or, is the young child receiving preschool special education services from a local education agency? | YES | NO |

SECTION 4 – Functional Assessment (Section 4 must be completed)

| | | |
|--|-----|----|
| A. Does the individual have substantial functional limitations in three or more areas of major life activity? (For children, please consider activities in relationship to other children of the same age.) | YES | NO |
|--|-----|----|

| | | |
|--|-----|----|
| For each area marked yes, briefly describe the limitations. | YES | NO |
|--|-----|----|

Self Care _____

Eligibility Checklist, page 3

SECTION 4 – Functional Assessment, con't

| | | |
|---|-----|----|
| Receptive & Expressive Language _____ | YES | NO |
| _____ | | |
| Learning _____ | YES | NO |
| _____ | | |
| Mobility _____ | YES | NO |
| _____ | | |
| Self-Direction _____ | YES | NO |
| _____ | | |
| Capacity for Independent Living _____ | YES | NO |
| _____ | | |
| Economic Self-Sufficiency _____ | YES | NO |
| _____ | | |
| B. Does the individual have a disability that is likely to continue indefinitely, and which will require lifelong services that are individually planned and coordinated? | YES | NO |
| If yes, please comment on the disability and why it may continue. | | |
| _____ | | |
| _____ | | |
| C. Is there an available record of the individual's disability? If yes, identify source and type of record. | YES | NO |
| _____ | | |
| _____ | | |
| D. Is the individual receiving care, treatment, or other services based on the presence of a disability? | YES | NO |
| If yes, describe. | | |
| _____ | | |
| _____ | | |

Eligibility Checklist, page 4

Family situations change and it is recommended that the Family Support staff review the Eligibility Checklist at least annually with families that are approved for an additional year.

Family Contact: _____ **Date:** _____

Family Contact: _____ **Date:** _____

Family Contact: _____ **Date:** _____

Family Contact: _____ **Date:** _____

Family Contact: _____ **Date:** _____

Family Contact: _____ **Date:** _____

Family Contact: _____ **Date:** _____

Family Contact: _____ **Date:** _____

Family Contact: _____ **Date:** _____

Family Contact: _____ **Date:** _____

APPENDIX C

SERVICE PLAN FORM

Family Support
Service Plan

Date of Plan Development

Date of Implementation

This plan is valid through June 30, 20____
unless amended or changed by signing parties.

Name of the Individual with a Disability _____

SS# _____ DOB _____

Name of Primary Family Member(s) _____
(if different than the individual with a disability)

Family's Needs for Support _____

Family Support Services to be Provided

Short Term

Extended

☐☐

1. Service _____

Frequency/Duration _____ Cost _____

Agency or Individual Responsible _____

Method for Payment of Services _____

☐☐

2. Service _____

Frequency/Duration _____ Cost _____

Agency or Individual Responsible _____

Method for Payment of Services _____

☐☐

3. Service _____

Frequency/Duration _____ Cost _____

Agency or Individual Responsible _____

Method for Payment of Services _____

Maximum Financial Commitment of the Family Support Agency _____

Agreement

The persons who have signed below have participated in the development of this plan
and indicate their agreement to the plan by their signatures.

Family Representative

Agency Representative

A Grievance/Appeals process has been attached to your Service Plan form.
Please sign and date that you received a copy.

Family Representative

Agency Representative

Services are subject to the availability of funds

APPENDIX D

**QUARTERLY REPORTING FORM
AND INSTRUCTIONS**

FAMILY SUPPORT QUARTERLY REPORT

Agency Reporting

Services Rendered: Enter the number of individuals who received each service during the quarter and the number of new individuals who received each service year-to-date (one mark per individual per service for year-to-date). Enter the amount spent on each service type for the quarter, and the amount spent year-to-date for each service type.

Fiscal Year _____ Quarter _____

Annual Budget _____

Budget for Direct Services _____
(>85% of annual budget)

\$ Spent during Quarter _____

\$ Spent Year-to-Date _____

\$ Committed in Plans _____

\$ Remaining _____
(not spent or committed)

| Services Provided | Number of Individuals | | Amount Spent | |
|--|-----------------------|------------|--------------|------------|
| | Quarter | Yr-to-Date | Quarter | Yr-to-date |
| Respite | | | | |
| Before/After Care | | | | |
| Day Care | | | | |
| Home Modifications | | | | |
| Vehicular Modifications | | | | |
| Specialized Equipment & Repair/Maintenance | | | | |
| Nutrition/Clothing/Supplies | | | | |
| Personal Assistance | | | | |
| Transportation | | | | |
| Homemaker Services | | | | |
| Housing Costs | | | | |
| Health Related | | | | |
| Nursing/Nurses Aide | | | | |
| Family Counseling | | | | |
| Recreation/Summer Camp | | | | |
| Evaluation | | | | |
| Training | | | | |
| Other _____ | | | | |
| Other _____ | | | | |
| Other _____ | | | | |
| Other _____ | | | | |
| TOTAL | | | | |

Persons Served: Enter the number of individuals served **year-to-date** by age category and disability (one mark for each individual who has received funding).

| DISABILITY | Birth - 2 | 3-5 | 6-18 | 19-22 | 23-54 | 55+ | TOTAL (add rows) |
|------------------------------|--------------|-----|------|-------|-------|-----|---------------------|
| ADD/ADHD | | | | | | | |
| Autism | | | | | | | |
| DeafBlind | | | | | | | |
| Developmental Delay | | | | | | | |
| Genetic Condition | | | | | | | |
| Health Impairment | | | | | | | |
| Hearing Impairment/Deafness | | | | | | | |
| Learning Disability | | | | | | | |
| Mental Illness | | | | | | | |
| Mental Retardation | | | | | | | |
| Multiple Disabilities | | | | | | | |
| Neurological Impairments | | | | | | | |
| Orthopedic Impairments | | | | | | | |
| Traumatic Brain Injury | | | | | | | |
| Visual Impairment, Blindness | | | | | | | |
| Other | | | | | | | |
| TOTAL BY AGE (add columns) | | | | | | | |

County: Please provide information about the number of families served, waiting, and amount spent **year-to-date**, by county.

| County | 85% Allocation | # of Families Served | \$ Spent | # of Families Eligible but Unserved | # of New Families Eligible but Unserved |
|--------|----------------|----------------------|----------|-------------------------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | |

SERVICE COORDINATION

Use this form to provide a count of families who received only service coordination, or help finding other services, but for whom Family Support service dollars were not expended.

Codes for Referral Information: AA-Phone Call, BB-MTeam, CC-Office Visit, DD-Home Visit, EE-Referred to another Resource for Services, FF-Donations, GG-Written Correspondence Listing Resources, HH-Other, II-Other

| Quarter 1 # | Referral Code #'s |
|----------------------------------|----------------------|
| | AA _____ BB _____ |
| | CC _____ DD _____ |
| | EE _____ FF _____ |
| | GG _____ |
| <i>Give explanation of Other</i> | HH _____ |
| <i>Give explanation of Other</i> | II _____ |

| Quarter 2 # | Referral Code #'s |
|----------------------------------|----------------------|
| | AA _____ BB _____ |
| | CC _____ DD _____ |
| | EE _____ FF _____ |
| | GG _____ |
| <i>Give explanation of Other</i> | HH _____ |
| <i>Give explanation of Other</i> | II _____ |

| Quarter 3 # | Referral Code #'s |
|----------------------------------|----------------------|
| | AA _____ BB _____ |
| | CC _____ DD _____ |
| | EE _____ FF _____ |
| | GG _____ |
| <i>Give explanation of Other</i> | HH _____ |
| <i>Give explanation of Other</i> | II _____ |

| Quarter 4 # | Referral Code #'s |
|----------------------------------|----------------------|
| | AA _____ BB _____ |
| | CC _____ DD _____ |
| | EE _____ FF _____ |
| | GG _____ |
| <i>Give explanation of Other</i> | HH _____ |
| <i>Give explanation of Other</i> | II _____ |

| YEAR-TO-DATE | |
|----------------------------------|----------------------|
| Total # | Referral Code #'s |
| | AA _____ BB _____ |
| | CC _____ DD _____ |
| | EE _____ FF _____ |
| | GG _____ |
| <i>Give explanation of Other</i> | HH _____ |
| <i>Give explanation of Other</i> | II _____ |

Agency _____

Qtr. _____

Instructions for Completing the Quarterly Report for the Family Support Program

Page 1

Agency Reporting: Name of the agency.
Fiscal Year/Quarter: For clarity please list fiscal year and quarter, e.g., Fiscal year 98/99 Quarter 1.
Annual Budget: List the amount of your contract for family support services. This may change if the Division provides an increase mid-year.
Budget for Direct Svcs: List the amount of your contract that is budgeted for direct services to families. This must be at least 85% of the annual budget amount, though it may be more.
\$ Spent during Quarter: List the amount that your agency has spent on direct services to families during the quarter. Do not include amounts that were spent on administrative costs.
\$ Spent Yr-to-Date: The cumulative total for the fiscal year goes here.
\$ Committed in Plans: The amount that your agency has committed to spend in family support plans is entered here.
\$ Remaining: List the amount of funds for direct services that are still available at the end of the quarter. This is the amount that is still available to write into family support plans.

Services Rendered

REMINDER: This list is not intended to be exhaustive! It provides a mechanism for the collection of data in a manner that lends itself for some consistency. It is not meant to limit, in any way, the range of services provided to families through this program. The quarterly data form has spaces to add additional services provided.

| | | |
|--|-----------------------------|------------------------|
| Respite | Nutrition/Clothing/Supplies | Family Counseling |
| Before/After School Care | Personal Assistance | Recreation/Summer Camp |
| Day Care | Transportation | Evaluation |
| Home Modifications | Homemaker Services | Training |
| Vehicular Modifications | Housing Costs | Other |
| Specialized Equipment & Maintenance/Repair | Health Related | |
| | Nursing/Nurse's Aid | |

General Definitions

The following provides some clarification on several areas of service that distinguish the services from each other.

1. **Services related to the provision of assistance and time off for a regular caregiver.** There is some difference in what agencies call various aspects of services related to the provision of assistance and time off for a regular caregiver. For the purposes of quarterly data reporting, and in the interest of simplicity most aspects of these services will simply be grouped under the title respite. For policy purposes we are asking agencies to break out two narrow types of respite (in addition to "basic" respite).

Respite In general, respite is a service that provides a break from caregiving responsibilities. It may be short or long term and may take place at home or somewhere else. They may be emergency services or services scheduled ahead. The services that have sometimes been called ***sitter or home care should be included in this category.***

Day Care Day care is a service that provides out of home care for a child on a regular ongoing basis. Generally, this is a service that is provided to enable a caregiver to engage in a regularly scheduled activity such as employment. Day care services are generally provided in a licensed program of some type.

Page 2

Before/After School Care Before or after school care is a form of day care service. It is provided out of the home to school age children for a period of time on weekdays, either before or after school. Its function is usually to provide care so that a parent can work.

2. **Services related to the provision of noncaregiving support that fulfills other responsibilities a caregiver may have.** In contrast to services designed to provide a “break” from caregiving responsibilities, families may request services that support a caregiver’s other responsibilities, or responsibilities that a person with a disability may otherwise have.

Homemaker These services are provided to the whole family or household. Services may include things such as household chores, cleaning, shopping, budgeting, check writing, cooking, etc.

3. **Services that support an individual with disabilities fulfill their individual needs.** There is an additional service that supports personal responsibilities that a person with a disability might otherwise have.

Personal Assistance In general, personal assistance is for adolescents or adults with disabilities. It is regular ongoing assistance for activities of daily living. The focus is on the individual with a disability rather than on providing a “break” or assistance for a regular caregiver.

Other service definitions that can contain a range of options:

Health Related can include medicine, dentist visit, dentures, medical bills, health related therapy, etc.

Training Can include conference costs, lodging costs for training, parent training, education, consumer training, tutoring, etc.

Insurance can fall under several service categories:

Health Related Can include health insurance, dental insurance, etc.

Transportation: Can include car insurance

Housing Costs: Can include homeowner’s insurance

Number in Quarter

Services provided/rendered in this section means: An eligible individual has a plan and a particular type of service was provided one or more times during the quarter. An individual may be counted more than once across service categories, but should not be counted more than once within a service category. The service can be counted even if final payment has not been made for the service during the quarter.

Number Year to Date

Services provided/rendered in this section means: An eligible individual has a plan and a particular type of service was provided during the year. An individual may be counted more than once across service categories, but should not be counted more than once per service for year-to-date (only new 1st time recipients are added for the year-to-date figures).

Example: The Smith’s are part of the family support program. They have a family support plan that includes 80 hours of respite care over the year, and a special food supplement each month. During the first quarter the Smith’s received the food supplement stipend each month (three times). They did not use any respite care service. On the first quarter report the Smith’s are marked as 1 in the specialized nutrition category of service. During the second quarter, they continued to receive the food supplement stipend each month. They also used respite care to get away for a weekend. On the second quarter report the Smith’s are marked as 1 in the specialized nutrition category, and are also marked as 1 in the respite category. For the whole year the Smith’s will only be counted once in the year-to-date column for specialized nutrition and respite.

Amount Spent in Quarter and Year to Date

The amount spent in each category of service should be listed. In the first column list the quarterly amounts. In the next column, add the amount spent each quarter, as listed on previous quarterly forms during the current fiscal year.

Persons Served (Age and Disability)

This demographic information is only useful to make generalized statements about the breadth of persons being served. It is O.K. to estimate in this section. For example - if an individual turned 19 during the quarter being reported, it is O.K. to list that person as either 6-18 or 19-22. The disability labels have no specific value in terms of eligibility or service provision. No one in the program should be personally identified in data collection by disability label. It is more appropriate to choose a label that appears to fit an individual to the best of the agency's knowledge, rather than to make an issue of labeling.

Persons served in this section means: The individual has been accepted into the program, has an active plan developed with the family support coordinator, and the money has been promised and spent. This information should be provided year-to-date.

Examples: Steve is 12 years old and has autism. He has been accepted in the program and has a family support plan that contains \$400 for summer camp tuition and \$250 for a piece of adaptive equipment. Steve has gone to camp but the family is currently working to identify a vendor for the adaptive equipment.

Donna is 19 year old, has M.S. and is living at home with her mother. A homemaker comes in once a week, provided through family support.

County

List each county in your catchment area. For each county, list the amount of direct service allocation (county allocation without the 15% administrative cost).

List the number of families that have been served in each county (using the same definition as age and disability above) year- to-date, the amount spent in each county year-to-date.

List the total number of families that are eligible but unserved year-to-date in each county.

List the number of "new" families that are eligible but unserved year-to-date in each county. At the beginning of each fiscal year (July 1) this column will begin with 0. The new families waiting for services will remain in this column until served or on June 30th they will be moved to total number of families eligible but unserved.

Service Coordination

List the number of families that do not have a Family Support Service Plan and received service coordination. This can include families on the eligible but unserved list and others calling for assistance. These families receive information and referral services, coordination services, or other types of services that did not require the expenditure of direct service dollars.

For each quarter document the total number of families that received service coordination. Then for each family list the type of referral received using the following codes:

AA - Phone Call
BB - M-Team
CC - Office Visit
DD - Home Visit
EE - Referred to another Resource for Services
FF - Donations
GG - Written Correspondence Listing Resources
HH - Other
II - Other

At the end of the fiscal year, June, total the four quarters.

Example: Jane's grandmother asked for the family support coordinator to help her with a number of problems she had with taking care of Jane. The coordinator helped her find a free parenting class at the local Exchange Club, and got her connected with a local support group. The type of referral this family received is EE-Referred to another Resource for Services.

APPENDIX E

FAMILY SUPPORT AGENCY EVALUATION FORM

TENNESSEE FAMILY SUPPORT PROGRAM

FAMILY SATISFACTION SURVEY

| <u>AGENCY SUPPORT</u> | <u>YES</u> | <u>NO</u> | <u>NOT APPLY</u> |
|---|--------------------------|--------------------------|--------------------------|
| Does the Family Support Coordinator respect your individual choices and preferences? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you feel comfortable talking with the Family Support Coordinator? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was your coordinator knowledgeable and helpful in supports and services being arranged for you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If you received reimbursement for a service was it received in a timely manner (30 days or less)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <u>CHOICES</u> | <u>YES</u> | <u>NO</u> | <u>NOT APPLY</u> |
|--|--------------------------|--------------------------|--------------------------|
| Are you given the choice of time and place to meet to discuss services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you receive help in identifying the services you need? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If your needs change, can you change your mind about the services you receive? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <u>OUTCOMES</u> | <u>YES</u> | <u>NO</u> | <u>NOT APPLY</u> |
|--|--------------------------|--------------------------|--------------------------|
| Does the Family Support program make your life easier? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

What would happen if this type of financial assistance were no longer available?

(OVER)

TENNESSEE FAMILY SUPPORT PROGRAM SURVEY, con't

How did you hear about the Family Support program?

The Tennessee Legislators approve funding for the Family Support program. If there is anything you would like to share with them please feel free to write any comments you may have.

There is a Local Council that provides oversight of the operation of Family Support services in your area. If you would like more information about the Local Council contact your agency Family Support coordinator.

Thank you for taking the time to fill out this survey.

APPENDIX F

POLICY LETTERS



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
GATEWAY PLAZA
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0675
March 8, 1995

MEMORANDUM

TO: Family Support Contracted Agencies

FROM: Larry L. Durbin, Ed.D., Assistant Commissioner
Mental Retardation Services Division

SUBJECT: Family Support Allocations

The Family Support state council voted to discontinue the 20% allocation for the first month of each fiscal year for Family Support. This decision has been approved. Beginning July 1, 1995 the annual allocation for Family Support will be divided into twelve equal monthly payments.

If you have any questions or concerns, please call Jan Coatney (615) 532-6552.

LLD/jc

cc: Regional Directors
Bill Carlisle



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
GATEWAY PLAZA
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0675

MEMORANDUM

TO: Family Support Contracted Agencies

FROM: Larry L. Durbin, Ed.D., Assistant Commissioner
Mental Retardation Services Division

DATE: March 22, 1995

SUBJECT: Family Support Closure

At their latest meeting on February 14, the Family Support state council voted to recommend that Family Support be closed separately from other programs at the end of the fiscal year beginning FY 1994 - 1995. Following discussion with Fiscal Services, the Division has agreed to support this recommendation. Therefore, excess money from the 85% budget for direct expenditures cannot be used to supplement other programs at the end of the fiscal year. The administrative cost will be limited to 15% of the total cost, or your actual cost, if less than 15%.

Any funds which are not spent during the current fiscal year may not be carried through to the following fiscal year. Therefore, any funds left over in the Family Support allocation will be recouped at the end of each fiscal year. There are many persons waiting for Family Support services across the state and the funds will be reserved annually for this purpose.

If you have any questions about these issues, please call Jan Coatney, (615) 532-6552.

LLD/jc

cc: Chris Gingles
Regional Directors



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES
GATEWAY PLAZA
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0675
June 7, 1995

MEMORANDUM

TO: Family Support Contracted Agencies

FROM: Larry L. Durbin, Ed.D., Assistant Commissioner
Division of Mental Retardation Services

SUBJECT: Family Support Issues

During FY 1994-95, all counties received a 1.5% increase in their Family Support allocations which raised the funding floor for counties with small populations from \$12,000 to \$12,180. As its most recent meeting, the Family Support Council proposed that the funding floor for counties with a small population revert to an annual amount of \$12,000. This request has been approved by the Division.

The state council has expressed concerns that the data collection for the quarterly reports is still creating problems for some agencies. The Council recommended the agency's Business Manager, rather than the Family Support Coordinators, complete the quarterly reports. The Business Managers handle fiscal reports and are more familiar with departmental reporting procedures.

If you have any questions about these issues, please call Jan Coatney, (615) 532-6530.

Thank you.

LLD/jc

cc: Regional Directors
Bill Carlisle
Family Support State Council
Family Support Coordinators



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
11TH FLOOR, ANDREW JOHNSON TOWER
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0675

MEMORANDUM

To: Agencies Providing Family Support Services

From: Jan Coatney, Program Specialist

Date: June 4, 1997

Subject: 1099 Forms

The Family Support State Council met for a scheduled quarterly meeting, April 18, 1997. An issue was raised regarding 1099 forms being sent to families. There was concern that some agencies had sent 1099 forms to the IRS with a copy to families stating that the money spent through the Family Support Program was taxable income in the family's name.

The State Council stated that a 1099 form should not be sent to the families. If your agency has done so the State Council asks that you contact the families and the IRS regarding this error. You need to ask for the forms to be returned to you and forward them to the families to enable them to amend their 1040 form if they wish to do so.

If you have any questions you may contact me at the above address or by phone, (615) 532-6552.

cc: Beverly Bell
Barbara Brent
William Edington
Kathy Jordan-Grimes
Tom Sullivan
Susan Sweetser
New Agencies Providing Family Support



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
11TH FLOOR, ANDREW JOHNSON TOWER
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0675

MEMORANDUM

To: Agencies Providing Family Support Services

From: Thomas J. Sullivan, Deputy Commissioner
Division of Mental Retardation Services

Date: April 15, 1998

Subject: 1099 Forms

The Division's Family Support Coordinator receives many phone calls pertaining to whether families receiving Family Support funds should receive a 1099 form from the agency. The Family Support State Council asked that a letter be sent to agencies in 1997 stating that families should not be sent the 1099 form. However, agencies allocate their Family Support funds differently and the manner in which the funds are disseminated may impact on the answer to this issue. Therefore, the Division is unable to provide guidance on this issue. These questions should be directed to the agency's attorney, tax accountant, or the IRS. A form that the IRS publishes that may be helpful is "Household Employer's Tax Guide - Publication 926".

If you have any questions you may contact Jan Coatney, the Division's Family Support Coordinator at the above address or by phone, (615) 532-6552.

cc: Barbara DeAngelus
William Edington
Kathy Jordan-Grimes
Susan Sweetser
Agency Coordinators
Family Support State Council
Regional Directors



**STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
5TH FLOOR, CORDELL HULL BUILDING
425 FIFTH AVENUE, NORTH
NASHVILLE, TENNESSEE 37243**

Memorandum

To: Agencies Providing Family Support Services

From: Jan Coatney, Family Support Coordinator

Date: June 24, 1998

Subject: New Billing Requirement for Family Support

You will recall that the State's grant contract removes the Division's ability to pay grants in twelve equal payments. Once the Division became aware of that requirement, we offered Family Support agencies the choice of two options for future billing to meet this invoice requirement.

Option 1: Report the value of actual services provided during the month.

Option 2: Report the amount of allowable expenditures for the month.

The majority of the agencies chose Option 1, which means that the agency's monthly invoice will be based on the value of actual services provided. The mechanism to be used is the "Agency Service Report" which is used to report other services provided with Division funding. The "Agency Service Report" typically lists the names of persons and the services they received fee-for-service contracts through both Waiver and state funding. Although the The Division will use this same report, we will not list persons names and services. The Division will provide a blank for the agency to use to reflect the value of actual services provided during the month plus 15% for your administrative costs.

Please remember that you will receive an advance for the July payment during the first week of August for 1/12th of your annual grant amount. Thereafter, the billing mechanism described above will be used for the remaining 11 payments.

Family Support Agencies
Billing Requirement
June 24, 1998
Page 2

Procedures for "Agency Service Report"

First day of each month - An "Agency Service Report" will be mailed to the agency.

15th day of the month - The completed report is due in Fiscal Services. Delays will result in a delay of payment until the following month.

First day of the following month - A check will be sent for the services you provided during the previous month.

If you have any questions you may contact me at the above address or by phone (615) 532-6552.

Thank you.

cc: Barbara DeAngelus
Kathy Jordan-Grimes
Susan Sweetser
Regional Directors
Family Support State Council
Tom Sullivan
Barbara Brent
William Edington
Glenda Tant
John Lewis



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
5TH FLOOR, CORDELL HULL BUILDING
425 FIFTH AVENUE, NORTH
NASHVILLE, TENNESSEE 37243

Memorandum

To: Agencies Providing Family Support Services

From: Jan Coatney

Date: September 22, 1998

Subject: Staff Training for Family Support Coordinators

The Division of Mental Retardation Services has established staff training requirements that include Family Support coordinators. Family Support coordinators are required to receive training on "Individual Rights and the ADA" and "Prevention and Reporting of Abuse and Neglect". Current Family Support staff need to take these two courses as soon as possible. For new staff this training must be completed within sixty days of employment date. "Individual Rights and the ADA" and "Prevention and Reporting of Abuse and Neglect" is a one time requirement and does not have to be completed annually. To acquire dates that training will be available for these two courses can be obtained from the following individuals:

Regional Office for DMRS

West Tennessee
Middle Tennessee
East Tennessee

Contact Person

Paula Arrington
Dot Williams
Alice Taylor

Phone Number

(901) 421-5165
(615) 231-5105
(423) 787-6757, ext. 112

Additional information regarding training for the Family Support coordinators can be found in the Division of Mental Retardation Services Operations Manual for Community Providers in Chapter 4: Provider Issues; page 16.

The Family Support Guidelines are being amended to reflect several changes in the program and this training requirement will be added to the guidelines during the next several months.

cc: Regional Training Coordinators
Family Support Agency Coordinators
Family Support Regional Coordinators



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
5TH FLOOR, CORDELL HULL BUILDING
425 FIFTH AVENUE, NORTH
NASHVILLE, TENNESSEE 37243

Memorandum

To: Agencies Providing Family Support Services

From: Barbara Brent, Deputy Commissioner
Division of Mental Retardation Services

Date: July 13, 2000

Subject: Training Requirements for Family Support Coordinators

The Division of Mental Retardation Services has training requirements for staff, which includes Family Support coordinators. Originally Family Support coordinators were required to attend a one-time training for "Individual Rights and the ADA" and "Prevention and Reporting of Abuse and Neglect" (Memo dated September 22, 1998). This training is now required annually. Please refer to the Division's Operations Manual for further information regarding this training.

There has been some concern expressed that agencies do not wish to go into an individual's home and investigate a possible abuse situation. It is not your responsibility to investigate a possible abuse or neglect situation. Your responsibility as a Family Support coordinator is to report if you suspect there is an abuse/neglect situation with any of your families. The training for "Prevention and Reporting of Abuse and Neglect" will guide you on how this process works and to whom concerns should be reported.

If you have any questions or concerns please contact Jan Coatney, (615) 532-6552.

Thank you.

BB/jc

cc: Family Support Agency Coordinators
Family Support Regional Coordinators
William Edington

APPENDIX G

STATE FAMILY SUPPORT COUNCIL

TENNESSEE FAMILY SUPPORT COUNCIL
FY 2003 - 2004

District 1
Term Expires
June 30, 2005
1st Term

District 2
June 30, 2003
2nd Term
Joyce Marshall
2017 McClain Road
Knoxville, TN 37912
(865) 688-4929

District 3
Term Expires
June 30, 2004 (+1)
2nd Term
Kaye Foust
3608 Bowman Circle, NE
Cleveland, TN 37312
(423) 472-0393

District 4
Term Expires
June 30, 2004
2nd Term
Jeanette Dillard
215 Parker Drive
Bradyville, TN 37026
(615) 765-5871

District 5
Term Expires
June 30, 2005
2nd Term

District 6
Term Expires
June 30, 2003 (+1)
2nd Term
Cindy Graves, Vice Chair
103 Elaine Drive
Columbia, TN 38401-2629
(615) 259-0175

District 7
Term Expires
June 30, 2005
1st Term

District 8
Term Expires
June 30, 2005
1st Term

District 9
Term Expires
June 30, 2004
1st Term
La-Vanderious Owens
6480 Hwy. 59
Somerville, Tennessee 38068
(901) 465-8216

TENNESSEE FAMILY SUPPORT COUNCIL
FY 2003 - 2004
Page 2

TN Council on
Dev, Disabilities
Term Expires
June 30, 2004
1st Term

Center for
Independent
Living
Term Expires
June 30, 2004
1st Term

Kevin Lofton
163 N. Angelus
Memphis, TN 38104
(901) 726-6404

TNCO
Term Expires
June 30, 2003
2nd Term

Bob Ellis
P.O. Box 11205
Jackson, TN 38308-1201
(731) 664-0855

Tennessee
Disability Coalition
Term Expires
June 30, 2003
2nd Term

Dara Howe
480 Craighead Avenue, Suite 200
Nashville, TN 37204
(615) 383-9442

DMHDD - 1
Term Expires
June 30, 2003
2nd Term

Kathy Jordan Grimes
Cordell Hull Building, 3rd Floor
425 Fifth Avenue North
Nashville, TN 37243
(615) 532-6724

DMHDD - 2
Term Expires
June 30, 2004
1st Term

Linda Rutherford
East Tennessee Regional Office
5908 Lyons View Drive
Knoxville, Tennessee 37919
(865) 588-0505; ext 122 Fax: (865) 588-8265
E-Mail: Linda.Rutherford@state.tn.us

Staff Support

Jan Coatney
Division of Mental Retardation Services
Cordell Hull Building, 5th Floor North
425 Fifth Avenue, North
Nashville, TN 37234-0675
(615) 532-6530 Fax: (615) 532-9940
E-Mail: jcoatney@mail.state.tn.us

APPENDIX H

STATE FAMILY SUPPORT AGENCIES AND COORDINATORS

FAMILY SUPPORT AGENCIES - FY 2003 - 2004

West Tennessee

C. S. Patterson Training Center

P. O. Box 229

Trenton, TN 38382

Phone: (731) 855-2316

Fax: (731) 855-3608

Director: Harry Adcock

Family Support Coordinator: Amy Davidson

Counties Served: Benton, Carroll, Crockett, Dyer, and Gibson

Helen R. Tucker Adult Developmental Center

P.O. Box 648

Ripley, TN 38063

Phone: (731) 635-4290

Fax: (731) 635-8975

Director: Ann Roote

Family Support Coordinator: Jean Cannon and Deborah Simpson

Counties Served: Henry, Lake, Lauderdale, Obion, Tipton, and Weakley

Madison/Haywood Developmental Services

P.O. Box 11205

Jackson, TN 38308-1201

Phone: (731) 664-0855

Fax: (731) 668-2973

Director: Bob Ellis

Family Support Coordinator: Sara Harvey

Counties Served: Chester, Decatur, Hardeman, Hardin, Haywood, Henderson, Madison, and McNairy

Shelby Residential and Vocational Services, Inc.

3592 Knight Arnold

Memphis, TN 38118

Phone: (901) 869-7787

Fax: 362-1891

Director: Jefferie Bruton

Family Support Coordinator: Yolanda Austin; (901) 869-9202

Counties Served: Fayette and Shelby

Middle Tennessee

The Arc of Davidson County

111 North Wilson Blvd.

Nashville, TN 37205

Phone: (615) 321-5699

Fax: (615) 322-9184

Director: Norm Tenenbaum

Family Support Coordinator: Mary Hildebrand and Dan McGeachy

Counties Served: Davidson and Rutherford

The Arc of Williamson County

129 W. Fowlkes, Suite 151

Franklin, TN 37064

Phone: (615) 790-5815

Fax: (615) 790-5891

Director: Sharon Bottorff

Family Support Coordinator: Kathy Conn

Counties Served: Williamson

Buffalo River Services, Inc.

P. O. Box 847

Waynesboro, TN 38485

Phone: (931) 762-3203

Fax: (931) 762-3293

Director: Philip Garner

Family Support Coordinator: Mary Staggs

Counties Served: Giles, Hickman, Lawrence, Lewis, Maury, Perry, and Wayne

Community Development Center

111 Eaglette Way

Shelbyville, TN 37160

Phone: (931) 684-8681

Fax: (931) 684-9431

Director: Sarah Hunt

Family Support Coordinator: Shelah Crick

Counties Served: Bedford, Coffee, Franklin, Lincoln, Marshall, and Moore

Developmental Services of Dickson County

P. O. Box 628

Dickson, TN 37056

Phone: (615) 446-3111

Fax: (615) 446-1846

Director: Don Redden

Family Support Coordinator: Ruthelma Warf

Counties Served: Cheatham, Dickson, Houston, and Humphreys

Habilitation and Training Services, Inc.

545 Airport Road, P. O. Box 1856

Gallatin, TN 37066

Phone: (615) 451-0974

Fax: (615) 451-0774

Director: John McIntosh

Family Support Coordinator: Ann Windrow

Counties Served: Robertson, Sumner, and Trousdale

Family Support Agencies
Page 3

Pacesetters, Inc.
P. O. Box 49018, 2511 Highway 111 North
Algood, TN 38506
Phone: (931) 537-9100 Fax: (931) 537-9170
Director: John Green
Family Support Coordinator: Joyce Seivers and Vicky Winstead
Counties Served: Cannon, Clay, Cumberland, Fentress, Jackson, Macon, Overton,
Pickett, Putnam, Van Buren, Warren, and White

Progressive Directions
1249 Paradise Hill Road
Clarksville, TN 37040
Phone: (931) 647-6333 Fax: (931) 552-3541
Director: Jay Albertia
Family Support Coordinator: Jane Trout
Counties Served: Montgomery and Stewart

Prospect, Inc.
P. O. Box 1184
Lebanon, TN 37087
Phone: (615) 449-5356 Fax: (615) 444-1251
Director: Eric Thompson
Family Support Coordinator: Cyndie Peters
Counties Served: Dekalb, Smith, and Wilson

East Tennessee

The Arc of Claiborne County
1214 Cedar Fork Road, P. O. Box 538
Tazewell, TN 37879
Phone: (423) 626-6757 Fax: (423) 626-1088
Director: Scott Ferguson
Family Support Coordinator: Kenneth Winter
Counties Served: Claiborne, Grainger, and Union

The Arc of Washington County
2700 S. Roan Street, Suite 300B
Johnson City, TN 37601-7557
Phone: (423) 928-9362 Fax: (423) 928-7431
Director: Bill Schiers
Family Support Coordinator: Alisha Ricker, Casey Holtsclaw, and Emily Malone
Counties Served: Carter, Hawkins, Hancock, Johnson, Sullivan, Unicoi, and Washington

Cerebral Palsy Center
241 East Woodland Avenue
Knoxville, TN 37917
Phone: (865) 523-0491 Fax: (865) 523-0492
Director: Robert E. Sexton
Family Support Coordinator: Karen O'Reardon Shirk
Counties Served: Knox

Family Support Agencies
Page 4

Emory Valley Center, Inc.

715 Emory Valley Road

Oak Ridge, TN 37830

Phone: (865) 483-4385

Fax: (865) 482-5435

Director: Allen Hendry

Family Support Coordinator: Nancy Vanderlan

Counties Served: Anderson and Morgan

(Sub-Contract the following counties: Blount, Campbell, Cocke, Jefferson, Loudon, Roane, and Sevier)

Adult Community Training, Inc.

P. O. Box 276

Lenoir City, TN 37771

Phone: (865) 986-4624

Fax (865) 988-4733

Director: Bill Reynolds

Family Support Coordinator: Linda Bettis

Counties Served: Loudon

Douglas Cooperative

416 Home Avenue

Maryville, TN 37801

Phone: (865) 983-5522

Fax: (865) 983-5544

Director: Paula York

Family Support Coordinator: Molly Breeden

Counties Served: Blount, Cocke, Jefferson, and Sevier

Michael Dunn Center

629 Gallaher Road

Kingston, TN 37763

Phone: (865) 376-3416

Fax: (865) 376-3532

Director: Kyle Hauth

Family Support Coordinator: Janet Springs

Counties Served: Roane

Regional Education and Community Health Services

(Bright Horizons)

470 Stone Hill Road

Jacksboro, TN 37757

Phone: (423) 562-4289

Fax: (423) 566-9524

Director: Cindy Nance

Family Support Coordinator: Lisa Bullock

Counties Served: Campbell

Greene County Skills

490 Sunnyside Road

Greeneville, TN 37743-8765

Phone: (423) 639-5351

Fax: (423) 639-6048

Director: Jim Gillen

Family Support Coordinator: Linda Hensley; ext. 203

Counties Served: Greene and Hamblen

Scott Appalachian Industries, Inc.
591 East Montecello Pike
Huntsville, Tennessee 37756
Phone: (423) 663-9300 Fax: (423) 663 – 3365
Director: Larry West
Family Support Coordinator: LeAnn Fairchild
Counties Served: Scott

Team Evaluation Center
600 North Holtzclaw Avenue, Suite 100
Chattanooga, TN 37404-1220
Phone: (423) 622-0500 Fax: (423) 622-0564
Director: June Phillips
Family Support Coordinator: Babs Gresko; ext. 271, Robin Phillips; ext. 236,
and Tracie Altabet; ext. 224
Counties Served: Bledsoe, Bradley, Grundy, Hamilton, Marion, McMinn, Meigs,
Monroe, Polk, Rhea, and Sequatchie

Revised 5/03

DIVISION OF MENTAL RETARDATION SERVICES
FAMILY SUPPORT COORDINATORS

WEST TENNESSEE

Susan Kurts-Acred
West Tennessee Regional Office
8383 Wolf Lake Drive
Bartlett, TN 38133
(901) 213-1872 Fax: (901) 372-4719
Email: Susan.Kurts-Acred@state.tn.us

MIDDLE TENNESSEE

Hattie Moore
Middle Tennessee Regional Office
275 Stewarts Ferry Pike
Nashville, TN 37214
(615) 231-5033 Fax: (615) 231-5452
Email: Hattie.Moore@state.tn.us

EAST TENNESSEE

Guy Jones
East Tennessee Regional Office
Oak Building
5908 Lyons View Drive
Knoxville, TN 37919
(865) 588-0508; ext. 128 Fax: (865) 558-0226
Email: Guy.Jones@state.tn.us

STATEWIDE

Jan Coatney
Central Office
Andrew Jackson Building, 15th Floor
500 Deadrick Street
Nashville, TN 37243
(615) 532-6552 Fax: (615) 532-9940
Email: Jan.Coatney@state.tn.us